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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Α	Application or Docket Number 10/785,672			ing Date 23/2004	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)									SMALL ENTITY				HER THAN ALL ENTITY
	FOR		NUMBER FILED		ED	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))				N/A		N/A			N/A			N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))				N/A		N/A			N/A			N/A	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))				N/A		N/A			N/A			N/A	
TO ⁻ (37	ΓAL CLAIMS CFR 1.16(i))			minus 20 =		*			x \$ =		OR	x \$ =	
IND	EPENDENT CLAIM CFR 1.16(h))	1S		minus 3 =		*			x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	E FEE	If the specification and sheets of paper, the ap is \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G):			pplication size fee due Il entity) for each r fraction thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL			TOTAL	
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) SMALL ENTIT										L ENTITY	OTHER THAN OR SMALL ENTITY		
AMENDMENT	10/02/2008	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 7	ı	Minus	** 106		= 0		X \$26 =	0	OR	x \$ =	
	Independent (37 CFR 1.16(h))	* 1	ı	Minus	***11		= 0		X \$110 =	0	OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
									TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIM REMAINI AFTEF AMENDM	ING R		HIGHE NUMB PREVIOL PAID F	ER USLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	ı	Minus	**		=		x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))	*	ı	Minus	***		=		x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
** If *** I	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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